



Ohio Peace Officer Training Commission Office 800 346-7682 Fax 740-845-2675

P.O. Box 309 London, OH 43140 www.ChioAttorneyGeneral.gov/ EACE OFFI

NOTICE OF PEACE OFFICER APPOINTMENT

APR 0 2 20.

1	villant ten days of the appointment or status of	change, submit one copy of this form either by email, fax or mail.	
-	Type or print legibly and complete all blanks.	Enter N/A if not applicable.	

Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.

TRAINING COMM Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.

Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	1 Name (Last) Capirano		(First) Richard	(Middle)	2. Social Sec	curity Number
3. Previous Hama(s) or Alas (Last)			(First)	D	(Middle)	
Birth date (mm/dd/yyyy)	5 Email Address				6 Phone Nur	nber
01/24/1976						
Home Mailing Address (#StreetPO B	lou)		(URV)	(State)	(7in Code) IC	nish Mama)
(Only complete if this is the officer's first appointment or OSP)			· ·	omy nonemy	(comes or stormely)	
GENCY INFORMATION	Agency Name Amsterdam Village I	Police				
Agency Email Address			11. Agency Phone No	mber		
msterdamPD24@Yahoo.Co	om		740-543-3797			
Agency Mailing Address (IFStreetPO B	Box)		(City)	(Z)p	Code) (Cox	anty Name)
103 Springfield St. PO B	30x 115		Amsterdam	Ot		
Select New StatusFull- Select New ORC City Full-Time/Part-Time (73 Village Full-Time/Part-Time/	37.02)	_ City Auxillar	Audiery		✓ Special City Chief (737.02) Village Chief (737.15)	Seasonal
Township Police Officer (505			onstable (509.01)			
Other - List ORC/Charter					/Charter	
_ 000 - 00 000000		_ Deputy Sher	mr (311.04) Sheriff (311.01)			
TTESTATION OF REPORT	TING AUTHORITY	and co	rect and is based or	attest that the information of the second control of the second co	nderstand its contents a nation provided on this fedge or inquiry. I furth ds is a criminal violation	document is true
ignature of Reporting Authority	/ 18. Printed	Name and Title			19 Date	
David F. Cimperma		n Jr. Chief of Pol	Ice	03 /2	3 /2016	
Spreading of Williams (First, Mick			le, Leut)		22 Date	
1.111	Jack J. Justus					

Officer Na Capira		-		
_		_		

(First)	
Dieber	

(Middle)

D

Social Security Number

apirano Richard

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appolytee

Signature of Appointee

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County): Malinat Police Henry County			25. From(mm/dd/yyyy): 06 / 04 / 2015	To(mm/dd/yyyy): 02 /15 / 2016
26. Appointment Status (Check Appropriate Box) Full-Time Part-Time	_ Auxiliary	X Reserve	Special Seaso	onal
27. Appointed By (Agency Name and County):			28. From(mm/dd/yyyy):	To(mm/dd/yyyy):
Timberlake PD Lake County			02 / 14 /2011	05/ 25 /2015
29. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auditary	X Reserve	Special Seaso	onel
30. Appointed By (Agency Name and County):			31. From(mm/dd/yyyy):	To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box) Full-Time Part-Time	_ Auxiliary	Reserve	Special Seaso	onal
33. Appointed By (Agency Name and County):			34. From(mm/dd/yyyy):	To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box)				
Full-Time Part-Time	_ Auxiliary	Reserve	Special Seaso	onal
36. Appointed By (Agency Name and County):			37. From(mm/dd/yyyy):	To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box) Full-Time Part-Time	_ Auxiliary	Reserve	Special Seaso	onal
39 Appointed By (Agency Name and County):			40. From(mm/dd/yyyy):	To(mm/dd/yyyy):
41. Appointment Status (Check Appropriate Box)Full-TimePart-Time	Auxiliary	Reserv	e Special Se	asonal